Fill in this information to identify your case:	Check one box only as directed in this form and in Form	m					
Debtor 1 David Ambrose Ware	122A-1Supp:						
Debtor 2 (Spouse, if filing)	■ 1. There is no presumption of abuse						
United States Bankruptcy Court for the: Southern District of Mississippi Case number 25-00149	2. The calculation to determine if a presumption of applies will be made under Chapter 7 Means Te Calculation (Official Form 122A-2).						
(if known)	☐ 3. The Means Test does not apply now because qualified military service but it could apply late						
	☐ Check if this is an amended filing						
Official Form 122A - 1							
Chapter 7 Statement of Your Current Monthl	y Income	12/19					
 Calculate Your Current Monthly Income What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. 							
☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.							
Married and your spouse is NOT filing with you. You and your spouse	ere:						
Living in the same household and are not legally separated. Fill out	both Columns A and B, lines 2-11.						
☐ Living separately or are legally separated. Fill out Column A, lines 2- penalty of perjury that you and your spouse are legally separated unde living apart for reasons that do not include evading the Means Test req	r nonbankruptcy law that applies or that you and your spouse						
Fill in the average monthly income that you received from all sources, derived during 101(10A). For example, if you are filing on September 15, the 6-month period would be Ma the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do spouses own the same rental property, put the income from that property in one column on	rch 1 through August 31. If the amount of your monthly income varied not include any income amount more than once. For example, if both	d during					
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse						

3,575.00

0.00

0.00

0.00

0.00

0.00

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all

Alimony and maintenance payments. Do not include payments from a spouse if

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession, or farm

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

payroll deductions).

Column B is filled in.

Debtor 1 0.00

0.00

25-00149

Case number (if known)

			Debtor 1 Deb		Column B Debtor 2			
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a bene	efit under					
	For you\$		0.00					
	For your spouse \$	0	0.00					
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as stand include any compensation, pension, pay, annuity, or United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that process and exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter	nount received that we tated in the next sent or allowance paid by the combat-related injusts. If you received are pay only to the extent or would otherwise be	ence, do he ury or ny retired that it	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Spp Do not include any benefits received under the Social Streceived as a victim of a war crime, a crime against hur domestic terrorism; or compensation pension, pay, and United States Government in connection with a disability disability, or death of a member of the uniformed services ources on a separate page and put the total below.	Security Act; payment manity, or internationa nuity, or allowance pa y, combat-related inj	is al or aid by the ury or					
	·			\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column		\$	3,575.00	+	0.00	Total cu	3,575.00
Part	2: Determine Whether the Means Test Applies to	o You					income	
12.	Calculate your current monthly income for the year.	. Follow these steps:						
	12a. Copy your total current monthly income from line 1	·		Сору	/ line 11 h	nere=>	\$	3,575.00
	Multiply by 12 (the number of months in a year)						x 1	2
	12b. The result is your annual income for this part of the	e form				12	b. \$ 4	2,900.00
13.	Calculate the median family income that applies to	you. Follow these ste	eps:					
	Fill in the state in which you live.	MS						
	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link		in the separa		13 tions	5.	1,284.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. O	n the top of page 1. c	check box	1, There is r	no presum	ption of abu	se.	
	Go to Part 3. Do NOT fill out or file Official 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.	Form 122A-2.			•			2A-2.
Part								
	By signing here, I declare under penalty of perjury	that the information of	on this sta	tement and	in any atta	achments is	true and co	rrect.
					,			
	X /s/ David Ambrose Ware David Ambrose Ware							
	Signature of Debtor 1							

David Ambrose Ware

Debtor 1

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Debtor 1 David Allibrose wate Case number (if known) 23-00149	Debtor 1	David Ambrose Ware	Case number (if known)	25-00149
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Date <u>July 30, 2025</u> MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.